

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

PLEASE PRINT

NAME (Last Name, First Name, Middle Initial)				JOINED CAP (MM YY)		<b>POSITION YOU ARE APPLYING FOR</b>  (PLEASE CHECK) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>CADET</span> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>CADET STAFF</span> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>SENIOR STAFF</span> <input type="checkbox"/> </div>
CAPID	SOCIAL SECURITY (LAST 4 DIGITS ONLY)	CAP GRADE	UNIT CHARTER NUMBER	REGION	WING	
MAILING ADDRESS (Number and Street)						
(City)				(State)	(ZIP Code)	
DATE OF BIRTH (MM DD YY)	HEIGHT	WEIGHT	GENDER	HAIR COLOR	EYE COLOR	
RELIGIOUS PREFERENCE	PRESENT OCCUPATION		E-MAIL ADDRESS			
HOME PHONE		BUSINESS/ALTERNATE		FAX		
<b>The entries in these fields MUST appear legibly, or this form will be returned</b>						

## CONNECTICUT WING ENCAMPMENT APPLICATION CHECKLIST

- ☐ Completed CTWG Form 31A (4 Pages)
- ☐ Completed CAP Cadet Medications Policy And Certification Letter (1 Page)
  - All over the counter items such as sunscreen, aspirin and upset stomach medicines are included in this policy. Please list any and all over the counter items being brought to encampment.
  - Physician's signature is required for any prescription medications. Please note if the medication will require refrigeration.
- ☐ Completed RI National Guard Training Release (1 Page)
- ☐ Completed CAP Form 60 (2 Pages)
- ☐ CADETS: Check for \$125.00 made out to "CAP - CTWG"
  - Please write "2011 CTWG Encampment" and your cadet's CAPID on the check memo line

**Applications must be received by July 1st, 2011 to be valid. Send all completed applications to:  
CAPT Robin Wojtcuk, 27 Cedar Lane, Norwich, CT 06360**

## 2011 ENCAMPMENT INFORMATION

The 2011 CTWG Encampment will be held at Camp Niantic, Niantic, Connecticut, from Monday, August 8th to Sunday, August 14th. Parents are invited to attend the Graduation Ceremony at 11am on Sunday, August 14th.

Emergency contact information during the encampment:

Major John Lesick, Encampment Commander Cell: 860.987.7959 Email: ctwgdcap@yahoo.com

Major Joe Palys, Commandant of Cadets Cell: 203.247.6378 Email: jpalys@circle1marketing.com

Capt Robin Wojtcuk, Admin/Finance Email: heartandsoul@snet.net

## STAFF/PARTICIPANT SIZING INFORMATION

Hat Size:

☐ 6 3/8 
 ☐ 6 1/2 
 ☐ 6 5/8 
 ☐ 6 3/4 
 ☐ 6 7/8 
 ☐ 7 
 ☐ 7 1/8 
 ☐ 7 1/4 
 ☐ 7 3/8 
 ☐ 7 1/2 
 ☐ 7 5/8 
 ☐ 7 3/4 
 ☐ 7 7/8

T Shirt Size:

☐ XS 
 ☐ S 
 ☐ M 
 ☐ L 
 ☐ XL 
 ☐ XXL 
 ☐ XXXL

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

## RELEASE AND HOLD HARMLESS

This application is being submitted for the Civil Air Patrol Connecticut Wing Encampment to be conducted at the Connecticut Army National Guard Facilities located at Camp Niantic, Niantic, Connecticut (the "Encampment"). This application is being made entirely upon my own or our and my child's own initiative, risk and responsibility to participate in the training at the first available opportunity and with full knowledge that the Encampment may include:

1. Traveling by land, sea or air in U.S. Military, commercial or privately owned vehicles from regular place of residence to the site of the Encampment, travel incident to the Encampment and subsequent return to place of residence;
2. Participation is a wide variety of physical activities;
3. Participation in aeronautical activities as a passenger or student trainee in U.S. Military, commercial or privately owned aircraft;
4. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions;
5. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time;
6. Remaining with the cadet group assigned to at all times during the Encampment;
7. Acting as a spokesperson for Civil Air Patrol, rendering reports on the Encampment, which may include, without limitation, being interviewed by the news media;
8. Refraining from argumentative discussions concerning lawful orders and/or government policies.

In consideration for the permission extended to me/us whereby my child or myself, \_\_\_\_\_ (the "Participant") is about to participate in the Encampment, the Participant is doing so entirely upon his or her own initiative, risk and responsibility; and with full knowledge, consent and approval by me as the Participant or Participant's (Parents/Legal Guardian). In consideration for the permission extended to me (participant) or my child (participant) by the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, through its members, officers, agents, employees acting officials or otherwise to participate in the Encampment, to the fullest extent allowed by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns, release and forever discharge the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials or otherwise, from and against any and all claims, demands, actions, causes of actions on account of death or bodily injury of any kind or nature to myself or my child(ren) which may occur as a result of the Training whether or not such bodily injury or death is caused in whole or in part by the active or passive negligence of the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials or otherwise.

Further, to the fullest extent permitted by law, I do hereby for myself, my child, my heirs, executors, administrators and assigns agree to defend, indemnify and save harmless the Civil Air Patrol, Inc., the United States of America, the State of Connecticut, the Connecticut Army National Guard, and the Civil Air Patrol – Connecticut Wing, its members, officers, agents, employees, acting officials and otherwise from and against any and all claims, losses, expenses (including attorneys' fees), demands, actions, causes of actions arising out of or resulting from the Training, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of the Participant or me or anyone for whom the Participant or I may be liable regardless of whether or not such claim, damage, loss or expense, is caused in whole or in part by a person or entity indemnified hereunder.

Further, I understand that the news media may be invited to view, photograph or film portions of the Encampment, and to interview Participants. I agree and consent to the use of my own or my child's (participant's) photograph, image, quote or voice in news presentations.

I further agree that I, as the Participant, will not leave The Connecticut Wing Encampment unless authorized or directed to do so by the Encampment Commander or designated legal representative.

**Participant Initials:** \_\_\_\_\_

**Father or Legal Guardian Initials:** \_\_\_\_\_

**Mother or Legal Guardian Initials:** \_\_\_\_\_

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

## RELEASE AND HOLD HARMLESS (Continued)

I/we further represent and warrant the following:

1. If the Participant is a child, that the Participant is my child or legal ward;
2. That the Participant has no history of injury or disease which might be affected by the Encampment, except those disclosed in the medical information section of this form;
3. That the Participant will follow all lawful orders, rules, regulations and directives as established by the Encampment Commander, or other staff members. In the event the Participant refuses to follow the aforementioned lawful orders, rules, regulations and directives, the Participant may be sent home at the discretion of the Encampment Commander at my/our sole cost and expense.

Further, in the case of injury, disease or other illness, permission is hereby granted to treat the Participant as required, and if the Participant is released from the Encampment before the recovery of said injury, disease or illness, further treatment will be provided by myself.

<hr/>	<hr/>	<hr/>	<hr/>
DATE	PRINTED NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	SIGNATURE OF WITNESS

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### IF APPLICANT IS A CADET (REGARDLESS OF AGE) THE FOLLOWING SIGNATURES/INFORMATION ARE REQUIRED:

<hr/>	<hr/>	<hr/>	<hr/>
DATE	PRINTED NAME OF FATHER/LEGAL GUARDIAN	SIGNATURE OF FATHER/LEGAL GUARDIAN	SIGNATURE OF WITNESS

<hr/>	<hr/>	<hr/>
FATHER/LEGAL GUARDIAN HOME PHONE	FATHER/LEGAL GUARDIAN CELL PHONE	FATHER/LEGAL GUARDIAN EMAIL

<hr/>	<hr/>	<hr/>	<hr/>
DATE	PRINTED NAME OF MOTHER/LEGAL GUARDIAN	SIGNATURE OF MOTHER/LEGAL GUARDIAN	SIGNATURE OF WITNESS

<hr/>	<hr/>	<hr/>
MOTHER/LEGAL GUARDIAN HOME PHONE	MOTHER/LEGAL GUARDIAN CELL PHONE	MOTHER/LEGAL GUARDIAN EMAIL

## SQUADRON CERTIFICATION

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET    ☐ CADET STAFF    ☐ SENIOR STAFF

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE	SQUADRON COMMANDER PRINTED NAME	SQUADRON COMMANDER SIGNATURE	PHONE	EMAIL

## OUT OF STATE WING CERTIFICATION

I certify that the above information is correct and that all the requirements for attendance, as specified in National Headquarters and/or Connecticut Wing Headquarters Directives, will be completed by the required dates. This applicant is applying for:

☐ CADET    ☐ CADET STAFF    ☐ SENIOR STAFF

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE	WING COMMANDER PRINTED NAME	WING COMMANDER SIGNATURE	PHONE	EMAIL

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

NAME (Last Name, First Name, Middle Initial)

CAPID

UNIT CHARTER NUMBER

## MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

*This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.*

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> NO <input type="checkbox"/> YES Frequent or severe headaches   | <input type="checkbox"/> NO <input type="checkbox"/> YES Ear infections                  | <input type="checkbox"/> NO <input type="checkbox"/> YES Chronic diseases like Diabetes or Bronchitis  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Dizziness or fainting spells   | <input type="checkbox"/> NO <input type="checkbox"/> YES Rupture                         | <input type="checkbox"/> NO <input type="checkbox"/> YES Girls only - Menstrual cramps   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Unconsciousness for any reason | <input type="checkbox"/> NO <input type="checkbox"/> YES Positive TB skin test           | <input type="checkbox"/> NO <input type="checkbox"/> YES Other illness or accidents  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Eye trouble, excluding glasses | <input type="checkbox"/> NO <input type="checkbox"/> YES Epilepsy or fits                | <input type="checkbox"/> NO <input type="checkbox"/> YES Military rejection or medical discharge   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Hay fever                      | <input type="checkbox"/> NO <input type="checkbox"/> YES Kidney stones or blood in urine | <input type="checkbox"/> NO <input type="checkbox"/> YES Rejection for life insurance  |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Sugar or albumin in urine      | <input type="checkbox"/> NO <input type="checkbox"/> YES Motion sickness                 | <input type="checkbox"/> NO <input type="checkbox"/> YES Admission to hospital   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Heart trouble                  | <input type="checkbox"/> NO <input type="checkbox"/> YES Nervous trouble of any sort     | <input type="checkbox"/> NO <input type="checkbox"/> YES Record of traffic convictions   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES High or low blood pressure     | <input type="checkbox"/> NO <input type="checkbox"/> YES Any known allergies             | <input type="checkbox"/> NO <input type="checkbox"/> YES Record of other convictions   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Stomach trouble                | <input type="checkbox"/> NO <input type="checkbox"/> YES Any drug or narcotic habit      | <input type="checkbox"/> NO <input type="checkbox"/> YES Attempted suicide   |
| <input type="checkbox"/> NO <input type="checkbox"/> YES Asthma                         | <input type="checkbox"/> NO <input type="checkbox"/> YES Chronic or recurring injuries   | <input type="checkbox"/> NO <input type="checkbox"/> YES Medical treatment within the past 5 years other than regular office visits or physicals |

☐ NO ☐ YES Do you have any dietary restrictions and/or special dietary needs?

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

<input type="checkbox"/> Medical Company	<input type="checkbox"/> Liability Company
Policy Number	Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Relationship
Address	Day Telephone
	Night Telephone

REMARKS

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

## CADET MEDICATIONS FOR ENCAMPMENT

The Civil Air patrol (“CAP”) is not a health care provider, and CAP members are not permitted to act in the role of health care providers during the performance of official CAP duties. Consequently, CAP members are not permitted to function as pharmacists, physicians, nurses, or in any other role that would permit the administration and dispensing of prescription and non-prescription drugs under various federal and state laws and regulations. The taking of prescription medication is the responsibility of the individual member for whom the medication was prescribed or, if the member is a minor, the member’s parent or guardian and physician.

Your child (the “Cadet”) will be attending CAP encampment and to the extent the Cadet needs or requires prescription or non-prescription medication you shall provide such medication to the Cadet for use at Encampment and further you and the Cadet’s physician certify that the Cadet is competent to self-medicate and use the medication in accordance with the instructions prescribed by the Cadet’s physician.

Medication for the Cadet (list, include any over the counter items such as sunscreen, aspirin and upset stomach medications):

CAP will log in and securely store all prescription and non-prescription medication and make such medication available to the Cadet when requested by the Cadet for use during Encampment. The Cadet is responsible for taking any medication in accordance with such medications directions for use.

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Name of Cadet

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Parent or legal Guardian

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Physician

# APPLICATION FOR THE 2011 CONNECTICUT WING ENCAMPMENT

## LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of the Rhode Island National Guard's permission extended to me to participate on orientation flights and other activities, I hereby release the United States of America and the State of Rhode Island, the Adjutant General, their agents, servants and other employees, from any liability for damage or injury to any person and property caused by the intentional, negligent, grossly negligent, willful, wanton and reckless conduct due to the acts of the above named sovereignties, their agents, servants and other employees for the duration of this activity. I hereby sign this waiver entirely upon my own volition, initiative, risk, and responsibility in consideration to participate in this flight.

I further agree to defend, indemnify and otherwise hold harmless the United States and the State of Rhode Island, their agents, servants and other employees, in any and all actions, either in law or equity, which may be brought against them for damage or injury or death to myself or any person or his/her property which may arise out of this activity, performed by the Rhode Island National Guard, its agents, servants or other employees, licensees or invites, be it intentional or negligent, grossly negligent or willful, wanton or reckless, while using the aforementioned equipment.

**I, \_\_\_\_\_, INDIVIDUALLY AND FOR MY SUCCESSORS, HEIRS, LEGATEES AND ASSIGNS, HEREBY AGREE TO DEFEND, INDEMNIFY, AND OTHERWISE HOLD HARMLESS THE ABOVE-MENTIONED SOVEREIGNTIES FOR CLAIMS, ACTIONS OR AWARD AGAINST SAID SOVEREIGNTIES BY ME OR ON MY BEHALF.**

**I HAVE READ THE ABOVE AND UNDERSTAND ALL THE AGREEMENTS AND WARNINGS CONTAINED THEREIN.**

Signed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Designation)

Two executed copies of this form will be prepared. The licensee shall keep one copy and one copy shall be kept on file at this Headquarters.

<b>EMERGENCY NOTIFICATION DATA</b>			
<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS		CITY	STATE AND ZIP CODE
<b>CIVIL AIR PATROL UNIT INFORMATION</b>			
UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays)
ADDRESS			TELEPHONE (Nights & Weekends)
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays)
ADDRESS		TELEPHONE (Nights & Weekends)	CELL PHONE

**CAP FORM 60, DEC 03**

Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

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<b>EMERGENCY NOTIFICATION DATA</b>			
<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS		CITY	STATE AND ZIP CODE
<b>CIVIL AIR PATROL UNIT INFORMATION</b>			
UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays)
ADDRESS			TELEPHONE (Nights & Weekends)
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays)
ADDRESS		TELEPHONE (Nights & Weekends)	CELL PHONE

**CAP FORM 60, DEC 03**

Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAP FORM 60, DEC 03    REVERSE**

**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAP FORM 60, DEC 03    REVERSE**